

**HURWITZ STAMPUR & ROTH**  
ATTORNEYS AT LAW

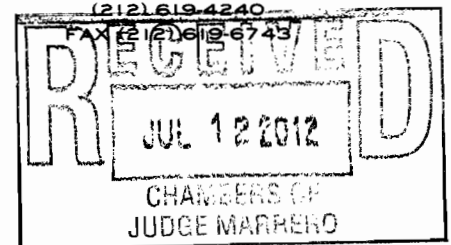
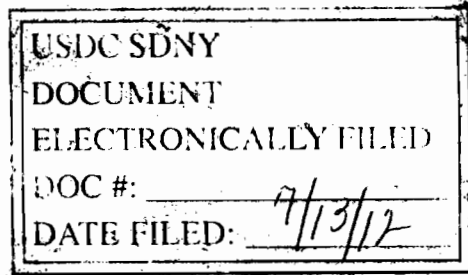
MICHAEL HURWITZ  
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July 10, 2012

**By Hand Ex Parte**

Honorable Victor Marrero  
United States District Court  
Southern District of New York  
500 Pearl St.  
New York, NY 10007-1312



**Re: United States v. Johnny Morgan**  
**1:12-CR000223 (VM)**

Dear Judge Marrero,

I represent Mr. Morgan as appointed Counsel under the Criminal Justice Act (CJA). Mr. Morgan was indicted and charged as a Felon in Possession of a Weapon pursuant to United States Code (USC) Section 18-922(g). A review of the discovery provided by the government indicates the necessity to interview multiple witnesses and investigate other relevant information re: his arrest.

I have consulted with Mr. Mel Mays, investigator, who has been approved in many Criminal Justice Act (CJA) cases and it appears that approximately 20-25 hours of investigation is required. Mr. Mays' hourly fee is \$95.00.

I have enclosed a CJA 21 Authorization form for your consideration. If any further information is required, please contact me at your convenience.

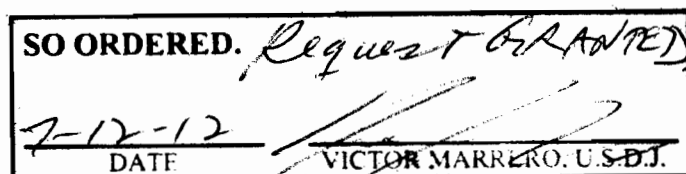
Very truly yours,

A handwritten signature in black ink, appearing to be "WJ Stampur".

William J. Stampur

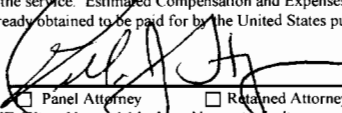
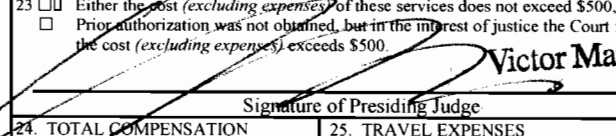
Encl.

WS/mm



BILLY/MORGAN,J/COVERLETTERMORGAN

CJA 21 AUTHORIZATION AND VOUCHER FOR EXPERT AND OTHER SERVICES (Rev. 1/06)

1. CIR./DIST./DIV. CODE <b>SDNY</b>		2. PERSON REPRESENTED <b>Johnny Morgan</b>		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER <b>12-CR-223 (VM)</b>		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) <b>USA v. Johnny Morgan</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions) <b>CC</b>			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> <b>18-922G</b>					
<b>REQUEST AND AUTHORIZATION FOR EXPERT SERVICES</b>					
12. ATTORNEY'S STATEMENT As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input checked="" type="checkbox"/> Authorization to obtain the service. Estimated Compensation and Expenses: <b>\$ 2,375.00</b> OR \$95.00/hr for 25 hours <input type="checkbox"/> Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$500, excluding expenses) Signature of Attorney:  Date: <b>7/6/2012</b> <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <b>William J. Stampur, Esq.</b> <b>299 Broadway, Suite 800, New York NY, 10007</b> Telephone Number: <b>(212) 619-4240</b>					
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) <b>The discovery includes identification and statements regarding the possession of a gun at a location in the Bronx by two witnesses. Defense needs to interview these witnesses and investigate any other relevant info.</b>			14. TYPE OF SERVICE PROVIDER 01 <input checked="" type="checkbox"/> Investigator    15 <input type="checkbox"/> Other Medical 02 <input type="checkbox"/> Interpreter/Translator    16 <input type="checkbox"/> Voice/Audio Analyst 03 <input type="checkbox"/> Psychologist    17 <input type="checkbox"/> Hair/Fiber Expert 04 <input type="checkbox"/> Psychiatrist    18 <input type="checkbox"/> Computer (Hardware/Software/Systems) 05 <input type="checkbox"/> Polygraph    19 <input type="checkbox"/> Paralegal Services 06 <input type="checkbox"/> Documents Examiner    20 <input type="checkbox"/> Legal Analyst/Consultant 07 <input type="checkbox"/> Fingerprint Analyst    21 <input type="checkbox"/> Jury Consultant 08 <input type="checkbox"/> Accountant    22 <input type="checkbox"/> Mitigation Specialist 09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc.)    23 <input type="checkbox"/> Duplication Services (See Instructions) 10 <input type="checkbox"/> Chemist/Toxicologist    24 <input type="checkbox"/> Other (Specify) 11 <input type="checkbox"/> Ballistics 12 <input type="checkbox"/> Weapons/Firearms/Explosive Expert 13 <input type="checkbox"/> Pathologist/Medical Examiner		
15. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judge or By Order of the Court: _____ Date of Order: _____ Nunc Pro Tunc Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>CLAIM FOR SERVICES AND EXPENSES</b>			<b>FOR COURT USE ONLY</b>		
16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED		MATH/TECHNICAL ADJUSTED AMOUNT	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>		<b>\$0.00</b>		<b>\$0.00</b>	
17. PAYEE'S NAME AND MAILING ADDRESS <b>Mel Mays</b> <b>85 Scotland Rd, Chestnut Ridge, NY, 10977</b> TIN: _____ Telephone Number: <b>(201) 412-0470</b> CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____					
18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____					
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>					
19. TOTAL COMPENSATION		20. TRAVEL EXPENSES		21. OTHER EXPENSES	
				22. TOTAL AMOUNT APPROVED/CERTIFIED <b>\$0.00</b>	
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  <b>Victor Marrero</b> Signature of Presiding Judge: _____ Date: <b>7-12-12</b> Judge Code: _____					
24. TOTAL COMPENSATION		25. TRAVEL EXPENSES		26. OTHER EXPENSES	
				27. TOTAL AMOUNT APPROVED <b>\$0.00</b>	
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate): _____ Date: _____ Judge Code: _____					